

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE				
						APPLICANT(S)					
						CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.
	IND.	DEP.	IND.	DEP.	IND.	DEP.					
1	/						51				
2							52				
3							53				
4							54				
5							55				
6							56				
7		/					57				
8							58				
9							59				
10							60				
11							61				
12							62				
13							63				
14							64				
15							65				
16		/					66				
17	/						67				
18							68				
19		/					69				
20		/					70				
21		/					71				
22		/					72				
23							73				
24		/					74				
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36							86				
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39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.							TOTAL IND.				
TOTAL DEP.							TOTAL DEP.				
TOTAL CLAIMS							TOTAL CLAIMS				